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CONFIRMATION NO. 8223

Bib Data Sheet

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| SERIAL NUMBER 10/829,217 | FILING DATE 04/22/2004 RULE | CLASS PLT | GROUP ART UNIT 1661 | ATTORNEY DOCKET NO. 041194-0107 | | | | | | | |
| APPLICANTS Birgit C. Hofmann, Bendorf, GERMANY; | | | | | | | | | | | |
| ** CONTINUING DATA ***** <i>WCH 2/11/5</i> | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>WCH 2/11/5</i> SWITZERLAND 03-1996 04/22/2003 | | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/27/2004 | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <i>[Signature]</i> Examiner's Signature </td> <td style="width: 10%; text-align: center; vertical-align: bottom;"> <i>[Initials]</i> Initials </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY GERMANY </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 1 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 1 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table> | | | | | Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged | <i>[Signature]</i> Examiner's Signature | <i>[Initials]</i> Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWING 1 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
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| ADDRESS 22428 FOLEY AND LARDNER SUITE 500 3000 K STREET NW WASHINGTON , DC 20007 | | | | | | | | | | | |
| TITLE New Guinea Impatiens plant named Fisupnic Lipink | | | | | | | | | | | |
| FILING FEE RECEIVED 530 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | | | |
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